

**Recipient Committee  
Campaign Statement  
Cover Page**

<b>CALIFORNIA FORM 460</b>		Date Stamp
		Page <u>1</u> of <u>16</u>
		For Official Use Only
Statement covers period from <u>01/01/2021</u> through <u>06/30/2021</u>	Date of election if applicable: (Month, Day, Year)  _____	

<b>1. Type of Recipient Committee</b> All Committees – Complete Parts 1, 2, 3, and 4		<b>2. Type of Statement:</b> <input type="checkbox"/> Prelection Statement <input type="checkbox"/> Quarterly Statement <input checked="" type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> Controlled <input type="checkbox"/> Termination Statement <input type="checkbox"/> Sponsored <input type="checkbox"/> (Also file a Form 410 Termination) <input type="checkbox"/> General Purpose Committee <input type="checkbox"/> Amendment (Explain Below) <input type="checkbox"/> Primarily Formed Candidate/ Officeholder Committee <input type="checkbox"/> Small Contributor Committee <input type="checkbox"/> Political Party/Central Committee (Also Complete Part 7)
<b>3. Committee Information</b> ID. NUMBER <u>1407086</u>		<b>Treasurer(s)</b> NAME OF TREASURER <u>Monica Intaglietta</u> MAILING ADDRESS <u>226 East Canon Perdido Street #D</u> CITY <u>Santa Barbara, CA 93101</u> STATE <u>CA</u> ZIP CODE <u>8057090595</u> AREA CODE/PHONE
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) <u>Gloria Soto for Santa Maria City Council District 3 2022</u>		NAME OF ASSISTANT TREASURER, IF ANY <u>Jennifer Cooper</u> MAILING ADDRESS <u>226 East Canon Perdido Street #D</u> CITY <u>Santa Barbara, CA 93101</u> STATE <u>CA</u> ZIP CODE <u>8057090595</u> AREA CODE/PHONE
STREET ADDRESS (NO P.O. BOX) <u>226 East Canon Perdido Street #D</u> CITY <u>Santa Barbara, CA 93101</u> MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX <u>PO Box 5252</u> CITY <u>Santa Maria, CA 93456</u> OPTIONAL: FAX / E-MAIL ADDRESS <u>monica@cicsb.com</u>		STREET ADDRESS (NO P.O. BOX) <u>226 East Canon Perdido Street #D</u> CITY <u>Santa Barbara, CA 93101</u> STATE <u>CA</u> ZIP CODE <u>8057090595</u> AREA CODE/PHONE

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.  
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/21/21 DATE 7/21/21  
By \_\_\_\_\_

Executed on \_\_\_\_\_ DATE \_\_\_\_\_  
By \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent  
By \_\_\_\_\_

Signature of Controlling Officeholder, Candidate, State Measure Proponent  
By \_\_\_\_\_

**Recipient Committee  
Campaign Statement  
Cover Page - Part 2**

COVER PAGE - PART 2

**CALIFORNIA FORM 460**

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## 5. Officeholder or Candidate Controlled Committee

<b>6. Primarily Formed Ballot Measure Committee</b>			
NAME OF OFFICEHOLDER OR CANDIDATE Gloria Soto		NAME OF BALLOT MEASURE	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 818 W Dante Drive		BALLOT NO. OR LETTER 3 CITY STATE ZIP Santa Maria, CA 93458	
CITY		JURISDICTION	
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPO any.		<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE	
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPO any.		<b>Identify the controlling officeholder, candidate, or state measure proponent, if any.</b>	
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPO any.		DISTRICT NO. IF ANY	
<b>7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.</b>			
NAME OF OFFICEHOLDER OR CANDIDATE I.D. NUMBER COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS CITY		OFFICE SOUGHT OR HELD <input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE	
STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS CITY		<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE	
STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS CITY		<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE	
STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE COMMITTEE NAME NAME OF TREASURER COMMITTEE ADDRESS CITY		<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE	

**Campaign Disclosure Statement  
Summary Page**

SUMMARY PAGE  
**CALIFORNIA 460  
FORM**  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Gloria Soto for Santa Maria City Council District 3 2022**

Statement covers period from <u>01/01/2021</u>	through <u>06/30/2021</u>	Page <u>3</u> of <u>16</u>
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<b>Contributions Received</b>		<b>Column A</b> TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	<b>Column B</b> CALENDAR YEAR TOTAL TO DATE	<b>Calendar Year Summary for Candidates Running in Both the State Primary and General Elections</b>
1. Monetary Contributions .....	Schedule A, Line 3 \$ 0.00	\$ 0.00	\$ 0.00	7/1 to Date
2. Loans Received .....	Schedule B, Line 3 \$ 0.00	\$ 0.00	\$ 0.00	1/1 through 6/30
3. SUBTOTAL CASH CONTRIBUTIONS.....	Add Lines 1 + 2 \$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 \$ 0.00	\$ 0.00	\$ 0.00	
5. TOTAL CONTRIBUTIONS RECEIVED.....	Add Lines 3 + 4 \$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>Expenditures Made</b>				<b>Expenditures Limit Summary for State Candidates</b>
6. Payments Made.....	Schedule E, Line 4 \$ 1,260.00	\$ 1,260.00	\$ 1,260.00	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)
7. Loans Made .....	Schedule H, Line 3 \$ 0.00	\$ 0.00	\$ 0.00	
8. SUBTOTAL CASH PAYMENTS.....	Add Lines 6 + 7 \$ 1,260.00	\$ 1,260.00	\$ 1,260.00	
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 \$ 450.00	\$ 450.00	\$ 450.00	
10. Nonmonetary Adjustment .....	Schedule C, Line 3 \$ 0.00	\$ 0.00	\$ 0.00	
11. TOTAL EXPENDITURES MADE.....	Add Lines 8 + 9 + 10 \$ 1,710.00	\$ 1,710.00	\$ 1,710.00	
<b>Current Cash Statement</b>				To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ 2,039.14	\$ 2,039.14	\$ 2,039.14	\$ 2,039.14
13. Cash Receipts .....	Column A, Line 3 above \$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 \$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
15. Cash Payments .....	Column A, Line 8 above \$ 1,260.00	\$ 1,260.00	\$ 1,260.00	\$ 1,260.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 779.14	\$ 779.14	\$ 779.14	\$ 779.14
17. LOAN GUARANTEES RECEIVED.....	Schedule B, Line 2 \$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<b>Cash Equivalents and Outstanding Debts</b>				
18. Cash Equivalents .....	See instructions on reverse \$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above \$ 450.00	\$ 450.00	\$ 450.00	\$ 450.00

\* Amounts in this section may be different from amounts reported in Column B.

**Schedule A**  
**Monetary Contributions Received**

Amounts may be rounded  
to whole dollars.

SCHEDULE A  
**CALIFORNIA 460  
FORM**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Gloria Soto for Santa Maria City Council District 3 2022**

DATE RECEIVED      FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**Schedule A Summary**

1. Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals) ----- \$ ----- 0.00
2. Amount received this period - unitemized monetary contributions of less than \$100 ----- \$ ----- 0.00
3. Total monetary contributions received this period.  
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ----- \$ ----- TOTAL \$ 0.00

Statement covers period  
from 01/01/2021  
through 06/30/2021

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I.D. NUMBER  
**1407086**

\* Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

**SUBTOTAL \$**

**Schedule B - Part 1**  
**Loans Received**

Amounts may be rounded  
to whole dollars.

<b>CALIFORNIA FORM 460</b>	
Statement covers period	
from	01/01/2021
through	06/30/2021
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Gloria Soto for Santa Maria City Council District 3 2022**

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD**	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) CUMULATIVE CONTRIBUTIONS TO DATE
* <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____ \$ _____ \$ _____ DATE DUE	% _____ RATE \$ _____ DATE INCURRED	\$ _____

**Schedule B Summary**

1. Loans received this period ----- \$ 0.00
- (Total Column (b) plus unitemized loans of less than \$100.) ----- \$ 0.00
2. Loans paid or forgiven this period ----- \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1) ----- \$ 0.00  
Enter the net here and on the Summary Page, Column A, Line 2  
(May Be a negative number)

I.D. NUMBER	1407086	CALENDAR YEAR	\$ _____ PER ELECTION*
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\* Contributor Codes

IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

\*FPPC Form 460 (Jan/2016)  
\*\* If required.  
www.ippc.ca.gov

Schedule E, Line 3  
FPPC Advice: advice@ippc.ca.gov  
www.ippc.ca.gov

SUBTOTALS \$	\$	\$	\$	\$

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

## Schedule B - Part 2 Loan Guarantors

**Amounts may be rounded to whole dollars.**

**SUBTOTAL \$** \_\_\_\_\_  
Enter on Summary  
Page. Line 17 only.

FPPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866/275-3772)  
[www.fppc.ca.gov](http://www.fppc.ca.gov)

**Schedule C**  
**Nonmonetary Contributions Received**

Amounts may be rounded  
to whole dollars.

<b>CALIFORNIA FORM 460</b>	
Statement covers period from <u>01/01/2021</u>	through <u>06/30/2021</u>
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Gloria Soto for Santa Maria City Council District 3 2022**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

**Schedule C Summary**

1. Amount received this period - itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ----- \$ 0.00
2. Amount received this period - itemized nonmonetary contributions of less than \$100 ----- \$ 0.00
3. Total nonmonetary contributions received this period.  
(add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ----- **TOTAL** \$ 0.00

\* Contributor Codes

IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

**SUBTOTAL \$**

**Schedule D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures, and Committees**

Amounts may be rounded  
to whole dollars.

<b>CALIFORNIA FORM 460</b>	
NAME OF FILER	Gloria Soto for Santa Maria City Council District 3 2022
DATE	04/05/2021
DISTRICT #:	
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Statement covers period from _____ through _____	01/01/2021 06/30/2021
Page _____ of _____	Page <u>8</u> of <u>16</u>
ID. NUMBER	1407086

NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
				Monetary Contribution	Nonmonetary Contribution	
Santa Barbara Democratic Party			250.00			250.00

**SCHEDULE D SUMMARY**

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ----- \$ 250.00
2. Unitemized contributions and independent expenditures made this period of under \$100 ----- \$ 0.00
3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ----- **TOTAL \$ 250.00**

SUBTOTAL	\$ 250.00
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**Schedule E  
Payments Made**

Amounts may be rounded  
to whole dollars.

<b>CALIFORNIA FORM 460</b>	
Statement covers period	
from <u>01/01/2021</u>	through <u>06/30/2021</u>
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I.D. NUMBER <b>1407086</b>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Gloria Soto for Santa Maria City Council District 3 2022**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101		PRO		150.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101		PRO		150.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116		OFC		75.00
		OFC		75.00
				<b>SUBTOTAL \$ 450.00</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

<b>CALIFORNIA 460 FORM</b>	
<b>Statement covers period</b>	
from <b>01/01/2021</b>	through <b>06/30/2021</b>
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I.D. NUMBER <b>1407086</b>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

### Gloria Soto for Santa Maria City Council District 3 2022

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB civic donations  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings  
MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads  
RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL TV or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101		PRO		150.00
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116		OFC		75.00
Santa Barbara Democratic Party 1025 Castillo Street Santa Barbara, CA 93101		CTB		250.00
ID: 742091 Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116		OFC		75.00
<b>SUBTOTAL \$</b>				<b>550.00</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov (866)275-3772  
www.fppc.ca.gov

## Schedule E Payments Made

Amounts may be rounded  
to whole dollars.

<b>CALIFORNIA FORM 460</b>	
Statement covers period	
from <u>01/01/2021</u>	through <u>06/30/2021</u>
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SEE INSTRUCTIONS ON REVERSE NAME OF FILER	
I.D. NUMBER <b>1407086</b>	

### Gloria Soto for Santa Maria City Council District 3 2022

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications
CNS campaign consultants	MTC meetings and appearances
CTB contribution (explain nonmonetary)*	OFC office expenses
CVC civic donations	PET petition circulating
FIL candidate filing/ballot fees	PHO phone banks
FND fundraising events	POL polling and survey research
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services
LEG legal defense	PRO professional services (legal, accounting)
LIT campaign literature and mailings	PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116	OFC		75.00

### Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ----- \$ 1,075.00
- Unitemized payments made this period of under \$100 ----- \$ 185.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ----- \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ----- **TOTAL \$ 1,260.00**

SUBTOTAL \$	75.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

<b>CALIFORNIA FORM 460</b>	
Statement covers period from <u>01/01/2021</u>	through <u>06/30/2021</u>
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SEE INSTRUCTIONS ON REVERSE NAME OF FILER	ID NUMBER <b>1407086</b>

**Gloria Soto for Santa Maria City Council District 3 2022**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FIL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHQ phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL TV, or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WFB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD ( <sup>a</sup> )	AMOUNT INCURRED THIS PERIOD ( <sup>b</sup> )	AMOUNT PAID THIS PERIOD (AS SO REPORT ON F) ( <sup>c</sup> )	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD ( <sup>d</sup> )
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO	0.00	150.00	0.00	150.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO	0.00	150.00	0.00	150.00
C&I Consulting 226 East Canon Perdido Street Santa Barbara, CA 93101	PRO	0.00	150.00	0.00	150.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS** \$ **0.00** \$ **450.00** \$ **0.00** \$ **450.00**

FPPC Form 460 (Jan/2016)  
FPPC Advice: advice@fppc.ca.gov  
www.fppc.ca.gov

**Schedule F  
Accrued Expenses (Unpaid Bills)**

Amounts may be rounded  
to whole dollars.

**SCHEDULE F  
CALIFORNIA 460  
FORM**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

**Gloria Soto for Santa Maria City Council District 3 2022**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

**SCHEDULE F SUMMARY**

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

<b>SUBTOTALS</b>	\$	<b>0.00</b>								

\*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule G  
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

**SCHEDULE G  
CALIFORNIA 460  
FORM**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**Gloria Solo for Santa Maria City Council District 3 2022**

NAME OF AGENT OR INDEPENDENT CONTRACTOR

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL tv. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

**TOTAL \* \$**

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

\*\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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**Schedule H**  
**Loans Made to Others\***

Amounts may be rounded  
to whole dollars.

<b>CALIFORNIA FORM 460</b>	
Statement covers period from <u>01/01/2021</u>	through <u>06/30/2021</u>
Page <u>15</u> of <u>16</u>	
NAME OF FILER  SEE INSTRUCTIONS ON REVERSE	

**Gloria Soto for Santa Maria City Council District 3 2022**

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(D) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(E) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(F) AMOUNT LOANED THIS PERIOD *	(G) REPAYMENT OR FORGIVENESS THIS PERIOD *	(H) INTEREST RECEIVED	(I) ORIGINAL AMOUNT OF LOAN	(J) CUMULATIVE LOANS TO DATE
		\$ _____	\$ _____	\$ _____	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ _____ % RATE	\$ _____	\$ _____ PER ELECTION** CALENDAR YEAR
		\$ _____	\$ _____	\$ _____		\$ _____ DATE DUE	\$ _____ DATE INCURRED	

		<b>SUBTOTALS</b>	\$	\$	\$	\$	\$	\$

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E

